## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

	10-10-08 22-43699 LaGarge	Address:	31456.695xl. Howe Fxl.
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
Chemic	ional Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other;
Items Found: Location (hedroom, kitchen, open sir, etc)			
(check all that apply)  [Z Lithium/Ammonia Reaction(s): B451 ment			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Base Mal			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: BOKSEMAT			
Hydrochloric Acid Gas Generator(s): B456min			
TX Corrosive Acid: 15951 min			
Corrosive Base: BGG mu, T			
Other (item and location):			
Child under age 18 discovered (check one)  Yes (number present)  No  If yes, fax report to Child Protective Services		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
	tment: Howl	Fax: 260	2)562-2165
Fire Department: $\frac{1}{60}$ Fax: $\frac{260}{9}$ 562-2165 Health Department: $\frac{1}{60}$ Fax: $\frac{260}{9}$ 463-8316			
Child Prote	cction Service: <u>labrant</u>	<del>(412-</del>	7 1 4 7 1 1 1 2
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Hostetler Phone Boo-552-6976			

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.